Minnesota Department of Public Safety – State Patrol Division MANDATORY INSPECTION PROGRAM DECAL ORDER FORM

Fill out information to the right. Please type or print your name and mailing address legibly. It will be	Company Name			
used as your return label.	Mailing Address			
Company Telephone Number	City	State	Zip Code	
		ECALS		
For Vehicles inspected in 2	2010.			
How many decals would you like	ke to order? _			
Decals are not refundable or exchang	jeable; please o	rder carefully.		
Please enclose \$2.00 per decal ordered. We ca	nnot accept purc	chase orders. Make check o	or money order payable to:	
TOTAL AMOUNT DUE FOR DECALS: \$	Mipdecalsales@	MN State I 1110 Centi Mendota H State.mn.us. Scanned order		er
Credit Card Number		Month/Year		
It is hereby agreed that this inspector Department of Public Safety, and shall place dec Should it ever be determined that this 396.17 and M.S. 169.781, the privileges of perfo Decals listed below are to be used only prohibited. Agreed by:	cals only upon ve inspector has is orming certified in	chicles which have passed to sued decals without regard spections may be revoked.	ne inspection as provided by law. to all provisions set forth in 49	CFF
Certified Inspector's Signature	Date	Inspector Certification N	Number	
Print Inspector Name		Company Name		
	For Office	e Use Only		
Beginning Decal #		Ending Decal #		
Transaction Type Check #	Da	te Issued / /20	1 Issued by:	